

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Michael J Jones Jr

18 CV 443

No. _____

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

-against-

Judge Farber
and
the city of New York

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Michael	J	Jones
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

349 - 17-02439

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

09.09	HAZEN	Street	G.R.V.C
Current Place of Detention			

09.09	HAZEN	st
Institutional Address		

East Elmhurst	New York	11370
County, City	State	Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

FARBER		
First Name	Judge	Last Name
Shield #		
Current Job Title (or other identifying information)		
Supreme Court 111 Centre Street		
Current Work Address		
New York	NY	10013
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: IN the court room

Date(s) of occurrence: MARCH 2017 - November 2017

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Each time I requested protective custody I was denied and for some reason when I get back to my facility I get assaulted by inmates and correction officer's. Also Each time I requested the minutes from March 21 2017 he say on the minutes he will order them for me and I never get my minutes. Now I want all my minutes. Also he told me I could not fire my lawyer and he said the lawyer I have representing me will not be replaced at all. By denying me to fire and replace my lawyer who I believe is not on this case to help my best interest intrest I'm being deny denied the oppertunity to a fair chance at ~~trial~~ trial this violates my constitutional rights.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Being denied protective custody I've
been assaulted by correction ~~officers~~
officers and inmates.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I would like to be paid a total
of 20 million dollars and also
to be afforded a new criminal lawyer
and have my case moved from
Judge Farber's court room and
placed in mental health court

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>1-11-18</u>		<u>Michael Jones</u>
Dated		Plaintiff's Signature
<u>Michael</u>	<u>J</u>	<u>Jones</u>
First Name	Middle Initial	Last Name
<u>09-09</u>	<u>HAZEN</u>	<u>st</u>
Prison Address		
<u># East Elmhurst</u>	<u>N Y</u>	<u>11370</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 1-11-18

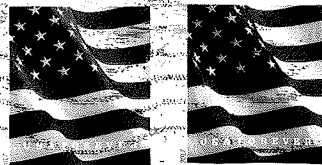
1 Jones
7 02439
HAZEN ST
Linhurst NY
70

RECEIVED
1998 JAN 17 AM 9:31
CLERK'S OFFICE
F.D.A.Y.

INDS
Edith S

Pro se
SM

United States Courthouse
500 Pearl Street
New York . NY . 10007



10007-131688

